



**JAMES J. DONELON  
COMMISSIONER OF INSURANCE  
STATE OF LOUISIANA**

P.O. Box 94214  
Baton Rouge, Louisiana 70804-9214  
Phone (225) 342-5900  
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<http://www.lidi.state.la.us>

**INSTRUCTIONS FOR  
ANNUAL REPORT FOR A  
VIATICAL SETTLEMENT PROVIDER  
IN THE STATE OF LOUISIANA**

**GENERAL INSTRUCTIONS**

This packet is designed to assist the individual preparing the annual report in complying with our requirements and procedures. The forms and procedures of the annual report process are designed to comply with all applicable statutes and regulations. Therefore, it is extremely important that all providers carefully follow the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance  
Company Licensing Division  
P.O. Box 94214  
Baton Rouge, LA 70804-9214  
Phone: (225) 219-4318  
Fax: (225) 219-9322  
E-Mail Address: [mboutwell@ldi.state.la.us](mailto:mboutwell@ldi.state.la.us)

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) This annual report must be postmarked no later than March 1 of each year. The report is for the calendar year ending the previous December 31 and all information provided must be as of that date. Failure to file the annual report before the statutory deadline may result in regulatory action pursuant to LRS 22:210.1
- 2) All information requested in this annual report is specific to policies viaticated and applications received from residents of Louisiana.
- 3) All submittals in association with this application must reach us via the United States Postal Service or a commercial carrier with interstate business. Any report arriving in this Office by hand delivery or means other than those stated will be returned without review and will not be considered filed. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 4) Submit only a fully completed report. Submittal of a partially completed report will cause processing delays and may result in rejection of the annual report.

- 5) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 6) All entries in the report forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the rejection of the annual report.

### **SPECIAL INSTRUCTIONS REGARDING FINANCIAL STATEMENT**

A financial statement as of December 31 of the report year must be attached to this annual report. Whenever available the report must be audited. If an audited statement is not available the provider must submit a financial statement certified as true and correct by two officers, partners or members. Failure to file the financial statement will result in rejection of the annual report and may lead to regulatory action pursuant to LRS 22:210.1.

### **SPECIAL INSTRUCTIONS REGARDING ANNUAL RENEWAL**

SUBMISSION AND ACCEPTANCE OF THIS ANNUAL REPORT DOES NOT CONSTITUTE RENEWAL OF THE VIATICAL SETTLEMENT PROVIDER LICENSE. LRS 22:203C provides for the annual renewal of a viatical settlement provider license on the anniversary of the license by submission of a renewal fee of \$500.00. Each licensed provider will be given notice of renewal thirty to sixty days prior to the anniversary date of the license.

### **SPECIAL INSTRUCTIONS FOR RENEWAL WITH THE SECRETARY OF STATE**

Submission and acceptance of this annual report does not constitute renewal of the Certificate of Authority issued to any corporation by the Louisiana Secretary of State. It is the responsibility of the provider to contact that office and make whatever arrangements may be necessary for renewal of a Corporation Certificate of Authority or other registration required by that office. The address and telephone number are given below.

Louisiana Secretary of State  
Corporations Division  
P.O. Box 94215  
Baton Rouge, LA 70804-9215  
(504) 925-4704

### **SPECIAL INSTRUCTIONS FOR REQUESTS FOR EXTENSION OF FILING DATES**

A provider may request an extension of time to file this annual report and/or the audited financial statement. Such a request must be made in writing and received by this Department no less than seven days before the due date. Each request must specify whether the extension applies to the annual report, the audited financial statement or both and must include an explanation of why the extension is required. Only under the most extreme circumstances will an extension be given beyond May 1.

## **SPECIAL INSTRUCTIONS FOR NOTARIZATION PAGE**

The signatures which appear on the final page of the report are determined by the legal structure of the applicant. Below are the expected variations and the instructions for who should sign the application in each case.

<b>IF THE APPLICANT IS A(N)....</b>	<b>THE APPLICATION SHOULD BE SIGNED BY...</b>
<b>Individual</b>	<b>the applicant</b>
<b>Corporation</b>	<b>the president and secretary</b>
<b>Association</b>	<b>the president and secretary</b>
<b>Partnership</b>	<b>two partners</b>
<b>Trust</b>	<b>two trustees</b>
<b>Any other</b>	<b>contact the Department for instructions</b>

## **COMMON QUESTIONS**

The following are some of the most commonly asked questions regarding the application package and process.

**Q: Where can I find the laws and regulations governing viatical settlement providers in Louisiana?**

**A: Title 22 of the Louisiana Revised Statutes is the Louisiana Insurance Code and most laws enacted by the Louisiana Legislature which affect viatical settlement providers can be found in that Title. For your convenience, the applicable statutes and regulations have been included in this application packet. Copies of the complete Louisiana Insurance Code can be obtained from private printing companies which specialize in statutory printing. In addition to the statutes, the Commissioner of Insurance has issued Regulation 58 regarding this matter. A copy of this regulation is also attached. Copies of these items may be obtained from publishers specializing in printing legal and regulatory documents. One such company is given below.**

**National Insurance Law Service  
P.O. Box 2507  
Chatsworth, CA 91313  
1-800-423-5910**

**Q: Can we use scanning or imaging technology to reproduce the report forms in a word processor or other computer program for completion by the provider?**

**A: Yes. You may scan the report forms for ease of completion. However, alteration of the format and/or content of the forms may result in rejection of the annual report.**

**Q: When is the annual report due?**

**A: The annual report for a viatical settlement provider must be postmarked no later than March 1 of each year.**



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**ANNUAL REPORT FOR A  
VIATICAL SETTLEMENT PROVIDER  
IN THE STATE OF LOUISIANA**

**General Information (Type or Print)**

PROVIDER NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

REPORT FOR YEAR ENDED DECEMBER 31, \_\_\_\_\_ FEI OR SOCIAL SECURITY NO.: \_\_\_\_\_

-

HOME OFFICE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ CONTACT TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**SPECIAL NOTE:**

**A financial statement as of December 31 of the report year must be filed with this annual report. This report must be certified as true and correct by two officers/partners/members of the provider.**

## SECTION 2 - INTERROGATORIES

Answer the following questions and **ATTACH A FULL EXPLANATION FOR ANY "YES" ANSWERS**

1) Within the previous calendar year did the provider have an application denied by any insurance regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2) Within the previous calendar year was the provider placed under any type of regulatory supervision?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3) Within the previous calendar year did the provider have a Certificate of Authority or license revoked or suspended by any regulatory authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4) Within the previous calendar year was the provider subject to any regulatory action including cease and desist orders or similar actions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5) Within the previous calendar year has the provider undergone a change in ownership of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6) Is the provider presently negotiating or inviting negotiations or party to a counterletter which would result in transfer or encumbrance of a substantial portion (more than 20%) of its assets or liabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7) Is the provider presently negotiating or inviting negotiations or party to a counterletter which would result in a merger or consolidation with any other entity?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8) Is the provider presently negotiating or inviting negotiations or party to a counterletter which would result in a change of ownership of 10% or more?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9) Does the provider contemplate a change in management or any transaction which would normally result in a change of management within the next twenty-four months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10) Has any person who is presently an officer, director, partner, trustee, owner of 10% or more or other such person of the provider ever been convicted or pleaded guilty or nolo contendere to, or found liable of indictment or information in any jurisdiction charging a felony or misdemeanor other than minor traffic violations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11) Is the provider currently engaged in any controversy with any state or federal regulatory agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12) Is the provider a defendant in <u>any</u> lawsuit asking for a judgment that is equal to or greater than 10% of the total assets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13) Does the provider have its financial statements audited on an annual or other basis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14) Provide the total number of primary market transactions within Louisiana for the previous calendar year.		
15) Provide the total number of secondary market transactions within Louisiana for the previous calendar year.		
16) What is the total size of the portfolio of the provider? (Total of all viaticated policies currently held by the provider in all jurisdictions in which it does business.)		

## SECTION 3 - OFFICIAL LIST OF MANAGEMENT AND OWNERS

Below give the name, social security number, resident address, position and percent of ownership of all persons responsible for the conduct of affairs of the provider. This list should include all officers, directors, partners (in the case of a partnership), trustees, executive committee members and/or any person(s) owning, directly or indirectly, 10 % or more of the provider and any other person who exercises control or influence over the affairs of the provider. **THIS LIST MUST INCLUDE THE NAMES OF ALL PERSONS ACTING AS VIATICAL SETTLEMENT PROVIDERS.** You may reproduce this form as needed.

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

NAME:		S.S.#:	
STREET:	CITY:	STATE:	ZIP:
POSITION:		OWNERSHIP %:	

## SECTION 4 - GENERAL REPORT OF VIATICATED POLICIES

Below provide the requested information for each contract into which the provider entered in the reporting year. You may reproduce this form as needed.

Date of Contract	Life Expectancy of Viator at Time of Contract	Name of Insurance Company	Face Amount of Policy	Policy Type*	Amount Paid by Provider to Viaticate Policy	Date of Death	Total Premiums Paid by Provider to Maintain Policy

\* Policy Type = Term Life, Whole Life, Universal Life, or Other (specify)

## SECTION 5 - REPORT OF APPLICATIONS RECEIVED, CLASSIFIED BY DISEASE TYPE

Provide a breakdown of the applications received for viatication of policies from Louisiana residents based upon disease type and indicate how many of those applications were accepted and how many rejected. When using a designation of "other," specify the disease category in the space provided. You may reproduce this form as needed.

Disease Type	Number of Applications Received	Number of Applications Accepted	Number of Applications Rejected
Cancer			
Heart Disease			
HIV/AIDS			
Chronic Illness			
Age*			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			
Other _____			

\* Many providers allow for the viatication of a policy due to attainment of a specific age.



## SECTION 6 - SOURCE AND AMOUNT OF OUTSIDE FINANCING

**Provide a detailed list of the source and amount of funding received by the provider from outside sources.**

[illegible]

## NOTARIZATION

STATE OF \_\_\_\_\_

COUNTY OR PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_

and \_\_\_\_\_ who, after being duly sworn, did depose and say that

all information contained in this application and all attachments thereto is, to the best of his/her knowledge,

true, complete and correct.

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Signature of Provider or Authorized Representative

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Signature of Authorized Representative of Provider

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Printed Name and Title of Authorized Representative

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Public's Printed Name

My Commission Expires \_\_\_\_\_